

# Camp HERO 2013

## Participant Registration/Release Form

Please select the week(s) your child will attend:

\_\_\_ 6/3-6/7    \_\_\_ 6/10-6/14    \_\_\_ 6/17-6/21    \_\_\_ 6/24-6/28    \_\_\_ 7/1-7/5  
\_\_\_ 7/8-7/12    \_\_\_ 7/15-7/19    \_\_\_ 7/22-7/26    \_\_\_ 7/29-8/2    \_\_\_ 8/5-8/9    \_\_\_ 8/12-8/16

### Participant Information

Last Name:	First Name:	Middle Initial:
Date of Birth:	Age:	Grade:
Address:		Zip Code:

### Parent/Guardian Information

Mother /Guardian Name:	Father/Guardian Name:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

\*Release Code (password to verify parent's identity when speaking on the phone):

### Emergency Contacts

Name:	Name:
Relationship:	Relationship:
Best Contact Phone:	Best Contact Phone:
Alternate Phone:	Alternate Phone:

### Authorized to Pick up Participant

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:

### NOT Authorized to Pick up Participant

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### Medical Information

Allergies:
Medical Conditions:
Medication - Only list medications child will take during the day:
*If medication must be administered during the day, please provide a doctor's note with dosage instructions.

### RELEASE STATEMENT

I, the undersigned, hereby agree to participate in the Bryan Parks and Recreation Department's Camp HERO Program. I certify that, to the best of my knowledge, I am/or testify that the minor fore-mentioned is: physically fit and able to engage in the programmed activities. I agree to allow my child/children to use the transportation provided for Camp HERO by the City of Bryan or the Bryan Independent School District (BISD).

I acknowledge that participation in this program involves some risk of injury or death, and I assume these risks. I release and discharge the City of Bryan/BISD, its officers, employees and agents from any and all claims, demands, causes of action and suits or liabilities which might arise from such participation (including, but not limited to acts or omissions constituting negligence, attorney's fees, medical and ambulance costs). I further agree that I will hold harmless, indemnify and defend the City of Bryan and its agents, officials and employees from any and all claims or causes of action for injuries or damages caused by the participant, whether in whole or in part, as a result of participation in this program.

I agree to indemnify and hold the City of Bryan/BISD and its employees harmless from any liability, loss, cost or expense that I may incur as a result of my child/children participating in any Summer Park Program activity. In case of an emergency, I give my permission for emergency medical treatment. This statement is also valid for any minors that I allow to participate. My signature acknowledges that I understand and agree to the above conditions.

I agree to release or waive any claim, which I may have or acquire individually or as a guardian for the participant because of the described program. I make these waivers and release's to legally bind myself, the participant, my executor, heirs and assigns to the fullest extent now and in the future.

I am of lawful age and legally competent to sign this agreement for and in behalf of the participant. I understand the terms and have signed this document as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Registration Fee: \_\_\_\_ \$20 Individual \_\_\_\_ \$30 Family      Date Paid: \_\_\_\_      Receipt #: \_\_\_\_      Staff Initial: \_\_\_\_

Days/Week Paid										
DATES	Full Week	Mon	Tues	Wed	Thurs	Fri	Total	Payment Date(s)	Receipt #	Staff Initial
6/3-6/7							\$			
6/10-6/14							\$			
6/17-6/21							\$			
6/24-6/28							\$			
7/1-7/5							\$			
7/8-7/12							\$			
7/15-7/19							\$			
7/22-7/26							\$			
7/29-8/2							\$			
8/5-8/9							\$			
8/12-8/16							\$			